CONGRESSMAN JOHN SARBANES (MD-3) ACADEMY APPLICATION CHECKLIST—CLASS OF 2020

THIS FORM IS TO BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION PACKET BY 5 PM ON FRIDAY, OCTOBER 23, 2015 TO THE TOWSON DISTRICT OFFICE, 600 BALTIMORE AVE., TOWSON, MD. AN APPLICATION THAT IS NOT RECEIVED IN THE OFFICE BY 5 PM ON FRIDAY, OCTOBER 23, 2015 WILL BE CONSIDERED INACTIVE AND WILL NOT RECEIVE FURTHER CONSIDERATION.

APPLICATION FOR SERVICE ACADEMY NOMINATION CLASS OF 2020

Attach Photograph Here

(Please Type the Below Information)

BASIC INFORMATION

1.	Name:								
	(Last)	(First)	(Middle	e) (Suffix)					
2.	(Please order by prefe	Academies to which you are applying. (Please order by preference, from 1 to 4, with 1 being the most desired academy and 4 being the least desired academy.)							
	Air Force	_ Military _	Merchant Marine	Navy					
3.	Permanent Address								
	(Number & Street):								
	(City, State, Zip):								
	(County):								
	(Home Phone):								
	(Cell Phone):								
	(Email Address):								

4.	Temporary Address (If Applicable):					
	(Number & Street):					
	(City, State, Zip):					
	(County):					
	(Phone):					
	(Dates at This Address):					
5.	Do you currently attend an academy prep school?					
	If so, which one? (Name):					
	(Number & Street):					
	(City, State, Zip):					
	(Phone):					
6.	Social Security Number:					
7.	Date of Birth (<i>MM/DD/YYYY</i>):					
8.	Are you a citizen of the United States of America?					
	If not, have you applied for citizenship and where are you in the process?					

9.	High School (Name):
	(Number & Street):
	(City, State, Zip):
	(Phone):
10.	Cumulative Grade Point Average: Class Rank: /
11.	SAT Score:
	Critical Reading: Math: Writing:
12.	ACT Composite Score:
13.	For Students Who Have Graduated High School in 2014 or Before:
	A. Are you currently attending college? Yes No
	If so, give the name and address of the college.
	(Name):
	(Number & Street):
	(City, State, Zip):
	(Phone):
	B. Since you have graduated high school, how have your experiences helped better prepare you for admission to a service academy?

If yes, provid	e details.
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ACADEMICS

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List any a	cademic hono	ors or prize	s you have	received.	
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ATHLETICS

SCHOOL AND COMMUNITY ACTIVITIES

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ESSAYS

On a separate piece of paper, please respond to each of the three be	elow
essay prompts, limiting each response to 500 words.	

Why do you want to attend a service academy?
Assuming that your career plans proceed exactly as you would hope, what do you see yourself doing in ten years in terms of personal and family-related goals?
Who do you see as either a historical or personal role model and why?
* * *
I certify that my answers in this application are true and are solely my own work. By signing this application, I am giving the Office of Congressman Sarbanes permission to use my name and image on his website and in press releases.

Return This Application to:

(Signature)

Congressman John P. Sarbanes 600 Baltimore Ave., Suite 303 Towson, MD 21204 Attn: Fred Hassell

(Date: MM/DD/YYYY)



Maryland's Third Congressional District

AFFIDAVIT OF RESIDENCE

(This affidavit must be completed and executed by your parent or legal guardian in order to establish that you meet the statutory requirement of legal residence in Maryland's Third Congressional District)

Maryland's Third Con	gressional District)	
I,		, being of lawful age and a resident of
	in	County,
Maryland, do on oath	and under penalties	s of perjury, depose and say:
1, that I am tl	ne parent and entitle	d to the custody of, or the legal guardian
of	, a m	inor, who has applied to the Honorable
John P. Sarbanes, Me	mber of the United S	States Congress, for consideration as an
appointee to the Unit	ed States	Academy; that said
	is my	son or daughter, and in my legal custody
or is my legal ward a	nd lives with me; an	d that our legal residence is
		over may omit this)
2, that I have	esided at said	
for years	and although I may	from time to time have sojourned in
other parts, it has alv	vays been and still is	my continuous, firm and unwavering
intention to return to	said	
and to reside there p	ermanently.	

That in	evidence thereof, I depose and say that:	
ā	a. My domicile is at	•
ŀ	o. I have paid real estate taxes to	_ County,
	Maryland, during the following years	
C	c. I am registered as a voter in	_ County,
	Maryland, and have voted in primary and or general elect	ions in
	said county in the following years	
-		
((Signature of Parent, Guardian, or Applicant if 18 or Over)	
Subscribed a	nd sworn to before me this day of	, 2015
		_
	(Notary Public)	